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| PATENT APPLICATION FEE DETERMINATION RECORD
Substitute for Form PTO-875 | | Application or Docket Number
10/729,388 | Filing Date
12/05/2003 | ☐ To be Mailed |

APPLICATION AS FILED – PART I

SMALL ENTITY ☒ OR OTHER THAN SMALL ENTITY

FOR	NUMBER FILED	NUMBER EXTRA	RATE ($)	FEE ($)	RATE ($)	FEE ($)
☐ BASIC FEE (37 CFR 1.16(a), (b), or (c))	N/A	N/A	N/A		N/A	
☐ SEARCH FEE (37 CFR 1.16(k), (i), or (m))	N/A	N/A	N/A		N/A	
☐ EXAMINATION FEE (37 CFR 1.16(o), (p), or (q))	N/A	N/A	N/A		N/A	
TOTAL CLAIMS (37 CFR 1.16(i))	minus 20 =	*	X $ =		X $ =	
INDEPENDENT CLAIMS (37 CFR 1.16(h))	minus 3 =	*	X $ =		X $ =	
☐ APPLICATION SIZE FEE (37 CFR 1.16(s))	If the specification and drawings exceed 100 sheets of paper, the application size fee due is $250 ($125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).					
☐ MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))						
* If the difference in column 1 is less than zero, enter "0" in column 2.			TOTAL		TOTAL	

APPLICATION AS AMENDED – PART II

OTHER THAN SMALL ENTITY OR SMALL ENTITY

AMENDMENT

02/08/2008		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE ($)	ADDITIONAL FEE ($)	RATE ($)	ADDITIONAL FEE ($)
Total (37 CFR 1.16(i))		* 39	Minus	** 40	= 0	X $25 =	0	OR X $ =	
Independent (37 CFR 1.16(h))		* 3	Minus	*** 3	= 0	X $105 =	0	OR X $ =	
☐ Application Size Fee (37 CFR 1.16(s))								OR	
☐ FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))								OR	
						TOTAL ADD'L FEE	0	OR TOTAL ADD'L FEE	

AMENDMENT

		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE ($)	ADDITIONAL FEE ($)	RATE ($)	ADDITIONAL FEE ($)
Total (37 CFR 1.16(i))		*	Minus	**	=	X $ =		OR X $ =	
Independent (37 CFR 1.16(h))		*	Minus	***	=	X $ =		OR X $ =	
☐ Application Size Fee (37 CFR 1.16(s))								OR	
☐ FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))								OR	
						TOTAL ADD'L FEE		OR TOTAL ADD'L FEE	

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".
*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".
The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

Legal Instrument Examiner:
/Susan K. Ford/